

1. DATE ISSUED MM/DD/YYYY 07/31/2017	2. CFDA NO. 93.323	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 05/08/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 NU50CK000382-04-02 Formerly 3U50CK000382-02S1	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From 08/01/2014 Through 07/31/2019	MM/DD/YYYY MM/DD/YYYY	
7. BUDGET PERIOD From 08/01/2017 Through 07/31/2018	MM/DD/YYYY MM/DD/YYYY	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
42 USC 241 31 USC 6305 42 CFR 52

8. TITLE OF PROJECT (OR PROGRAM) Building ,strengthening, and maintenance of capacity for vital programs in the epidemiology, laboratory, and health information systems in Kentucky state and local health departments.	
9a. GRANTEE NAME AND ADDRESS Health & Family Services, Kentucky Cabinet for 275 E Main St # 5wa PATRICK RUPINEN, BUDGET ANALYST Frankfort, KY 40601-2321	9b. GRANTEE PROJECT DIRECTOR Ms. Carrell Rush 275 E Main Street Ms HS2E-A Division of Epidemiology and Health Planning Frankfort, KY 40621-0001 Phone: 502--564-3261
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Michael Tuggle 275 E Main St # 4-cf DDID Frankfort, KY 40621-1000 Phone: 502-564-6663	10b. FEDERAL PROJECT OFFICER Dr. Jason Snow 1600 Clifton Rd C-18 DPEI Atlanta, GA 30333 Phone: 404-639-4577

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,798,990.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	721,250.00	c. Less Cumulative Prior Award(s) This Budget Period 712,278.00	
b. Fringe Benefits	528,824.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,086,712.00	
c. Total Personnel Costs	1,250,074.00	13. Total Federal Funds Awarded to Date for Project Period 10,645,066.00	
d. Equipment	103,381.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	152,100.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	50,350.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 5	d. 8
h. Other	292,023.00	b. 6	e. 9
i. Contractual	703,494.00	c. 7	f. 10
j. TOTAL DIRECT COSTS →	2,551,422.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	247,568.00	a. DEDUCTION	
I. TOTAL APPROVED BUDGET 2,798,990.00		b. ADDITIONAL COSTS	
m. Federal Share 2,798,990.00		c. MATCHING	
n. Non-Federal Share 0.00		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No)

GRANTS MANAGEMENT OFFICIAL: Shirley K Byrd, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	18. DUNS 927049767	20. CONG. DIST. 06
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 7-9211388	b. 000382CK14	c. 93.323	d. CK	e. \$78,042.00
22. a. 7-939014P	b. 000382CK14	c. 93.323	d. CK	e. \$98,931.00
23. a. 7-939018B	b. 000382CK14	c. 93.323	d. CK	e. \$10,296.00
				f. 75-17-0949
				f. 75-17-0949
				f. 75-17-0949

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 07/31/2017
GRANT NO. 6 NU50CK000382-04-02	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 7-93901FW	b. 000382CK14	c. 93.323	d. CK	e. \$118,870.00	f. 75-17-0959
25.a. 7-93903FD	b. 000382CK14	c. 93.323	d. CK	e. \$882.00	f. 75-17-0949
26.a. 7-93903GE	b. 000382CK14	c. 93.323	d. CK	e. \$5,643.00	f. 75-17-0949
27.a. 7-93905VH	b. 000382CK14	c. 93.323	d. CK	e. \$183,813.00	f. 75-17-0949
28.a. 7-93907P1	b. 000382CK17	c. 93.323	d. CK	e. \$233,067.00	f. 75-1617-0943
29.a. 7-93908MV	b. 000382CK14	c. 93.323	d. CK	e. \$409,157.00	f. 75-17-0949
30.a. 7-93908MW	b. 000382CK14	c. 93.323	d. CK	e. \$568,760.00	f. 75-17-0949
31.a. 7-939ZSCE	b. 000382CK14	c. 93.323	d. CK	e. \$180,088.00	f. 75-17-0951
32.a. 7-939ZSED	b. 000382CK14	c. 93.323	d. CK	e. \$2,500.00	f. 75-17-0949
33.a. 7-939ZSHD	b. 000382CK14	c. 93.323	d. CK	e. \$10,000.00	f. 75-17-0949
34.a. 7-939ZSKR	b. 000382CK14	c. 93.323	d. CK	e. \$25,150.00	f. 75-17-0949
35.a. 7-939ZVJC	b. 000382CK14	c. 93.323	d. CK	e. \$161,513.00	f. 75-17-0949

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 07/31/2017
GRANT NO. 6 NU50CK000382-04-02	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
03/31/2015	07/31/2015	Annual	10/29/2015
08/01/2016	07/31/2017	Annual	10/29/2017
08/01/2015	07/31/2017	Annual	10/29/2017
08/01/2017	07/31/2018	Annual	10/29/2018

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU50CK000382-04-02

1. Year 4 Continuation Terms

REVISED NOTICE OF COOPERATIVE AGREEMENT

Funding Opportunity Announcement (FOA): CK14-1401

Award Number: 5NUCK000382-04-02

Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

REVISED AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity number **CK14-1401**, entitled **PPHF 2014 EPIDEMIOLOGY AND LAB CAPACITY FOR INFECT DIS (ELC) - BLD**, and application dated **May 16, 2017**, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Notice of Funding Opportunity, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Additional funding in the amount of **\$2,086,712** is approved for the Year 04 budget period, which is **8/1/2017** through **7/31/2018**.

Non-PPHF:	\$1,853,645
Zika:	\$233,067
PPHF:	\$0
Ebola:	\$0

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: This Notice is **NOT** funded by the Prevention and Public Health Fund.

CORRECTION TO PREVIOUS NOTICE OF AWARD

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **October 29, 2018**. Reporting timeframe is **August 1, 2017** through **July 31, 2018**. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Management Specialist identified in the CDC Grants Management Contacts below.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this amended award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

To obtain access to the Payment Management System (PMS), Grantees must complete the below forms

- [Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts](#)
- [Direct Deposit Instructions and SF-1199A Form for International Bank Accounts](#)
- [PMS System Access Form](#)

The forms can be submitted to your [PSC Liaison Accountant](#) by emailing the forms directly.

If there is a change in the grantee's banking institution or account number, a new SF-1199A must be submitted to PSC.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

HHS/PSC Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <https://pms.psc.gov/>

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts:
https://pms.psc.gov/contact_us/contactus.html

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

This award contains funding from multiple components. The grant document number and subaccount title must be known in order to draw down funds from this P Account.

Component: NON-PPHF
Document Number: 000382CK14
Subaccount Title: CK141401ELCBUISTCA14

Component: ZIKA
Document Number: 000382CK17
Subaccount Title: CK141401COOPAGREFY17

Component: PPHF
Document Number/Subaccount Number: N/A

Component: EBOLA
Document/Subaccount Number: N/A

Programmatic Contact:

Jason Snow, Ph.D., Project Officer
Centers for Disease Control & Prevention
1600 Clifton Road, MS-C18
Atlanta, GA 30329
Telephone: 404-639-4577
Email: JNSnow@cdc.gov

Grants Management Contacts:

Jon Messick, Grants Management Specialist
Centers for Disease Control & Prevention
Office of Grant Services
2920 Brandywine Rd., MS E-01
Atlanta, GA 30341
Telephone: 770-488-1005
Email: yfa4@cdc.gov

Shirley Byrd, Grants Management Officer
Centers for Disease Control & Prevention
Office of Grant Services
2920 Brandywine Rd., MS E-01
Atlanta, GA 30341
Telephone: 770-488-2591
Email: yuo6@cdc.gov

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE INCLUDE AWARD NUMBER ON ALL CORRESPONDENCE

1. DATE ISSUED MM/DD/YYYY 03/16/2018 2. CFDA NO. 93.323 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
2920 Brandywine Road
Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 09/18/2017
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 6 NU50CK000382-04-04
Formerly 3U50CK000382-02S1
5. ACTION TYPE Post Award Amendment
6. PROJECT PERIOD MM/DD/YYYY
From 08/01/2014 Through 07/31/2019
7. BUDGET PERIOD MM/DD/YYYY
From 08/01/2017 Through 07/31/2018

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
42 USC 241 31 USC 6305 42 CFR 52

8. TITLE OF PROJECT (OR PROGRAM)

Building, strengthening, and maintenance of capacity for vital programs in the epidemiology, laboratory, and health information systems in Kentucky state and local health departments.

9a. GRANTEE NAME AND ADDRESS

Health & Family Services, Kentucky Cabinet for
275 E Main St # 5wa
PATRICK RUPINEN, BUDGET ANALYST
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Ms. Carrell Rush
275 E Main Street Ms HS2E-A
Division of Epidemiology and Health Planning
Frankfort, KY 40621-0001
Phone: 502--564-3261

10a. GRANTEE AUTHORIZING OFFICIAL

Mr. Michael Tuggle
275 E Main St # 4-cf
DDID
Frankfort, KY 40621-1000
Phone: 502-564-6663

10b. FEDERAL PROJECT OFFICER

Dr. Jason Snow
1600 Clifton Rd
C-18
DPEI
Atlanta, GA 30333
Phone: 404-639-4577

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

I

a. Salaries and Wages	896,484.00
b. Fringe Benefits	649,937.00
c. Total Personnel Costs	1,546,421.00
d. Equipment	133,598.00
e. Supplies	174,392.00
f. Travel	79,033.00
g. Construction	0.00
h. Other	328,935.00
i. Contractual	1,390,093.00
j. TOTAL DIRECT COSTS	3,652,472.00
k. INDIRECT COSTS	313,234.00
l. TOTAL APPROVED BUDGET	3,965,706.00
m. Federal Share	3,965,706.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	3,965,706.00
b. Less Unobligated Balance From Prior Budget Periods	1,150,399.00
c. Less Cumulative Prior Award(s) This Budget Period	2,815,307.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	10,661,383.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 5		d. 8	
b. 6		e. 9	
c. 7		f. 10	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
b. The grant program regulations
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No

This amendment approves non-PPHF carryover from year 3 to year 4 in the amount of \$1,150,399. At the request of the recipient, \$169,677 in M1 Contractual has been withdrawn from the request of \$1,320,076, per recipient email dated February 6, 2018.

GRANTS MANAGEMENT OFFICIAL: Shirley K Byrd, Grants Management Officer

17. OBJ CLASS	41.51	18a. VENDOR CODE	1610600439B5	18b. EIN	610600439	19. DUNS	927049767	20. CONG. DIST.	06
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION				
21. a. 6-939014P	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949				
22. a. 6-93905VH	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949				
23. a. 6-93906BV	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949				

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 03/16/2018
GRANT NO. 6 NU50CK000382-04-04	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 6-93906BY	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949
25.a. 6-93906FV	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-1519-0943
26.a. 6-939ZSCE	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0951
27.a. 6-939ZSKR	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949
28.a. 6-939ZVJC	b. 000382CK14	c. 93.323	d. CK	e. \$0.00	f. 75-16-0949

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 03/16/2018
GRANT NO. 6 NU50CK000382-04-04	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
03/31/2015	07/31/2015	Annual	10/29/2015
08/01/2016	07/31/2017	Annual	10/29/2017
08/01/2015	07/31/2017	Annual	10/29/2017
08/01/2017	07/31/2018	Annual	10/29/2018

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU50CK000382-04-04

1. Carryover Terms and Conditions

REVISED NOTICE OF COOPERATIVE AGREEMENT

Notice of Funding Opportunity (NOFO): CK14-1401
Award Number: NU50CK000382-04-04

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

Carryover: The purpose of this amended Notice of Award is to approve carryover of unobligated funds in the amount of **\$1,150,399** from budget period **03** to budget period **04**. The current award is in response to a request submitted by your organization dated February 5, 2018, as amended. These funds have been distributed as indicated in the approved budget of this Notice of Award.

Unobligated funds for this action of **\$1,150,399** have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

- Project I2: \$1,825 in Other Costs are redirected to Supplies
- Project M1: Recipient requested submission be reduced by \$169,677 in Contractual

These funds are approved for the current year budget period only with no commitment for continued support in future budget periods.

Year 03 Fiscal Information:

***Document Number: 000382CK14**

***Subaccount number: CK141401ELCBUISTCA14**

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

Programmatic Contact:

Jason Snow, Project Officer
Centers for Disease Control & Prevention
1600 Clifton Rd, NE, MS-C18
Atlanta, GA 30329
Telephone: 404-639-4577
Email: itk0@cdc.gov

Grants Management Contact:

Jon Messick, Grants Management Specialist
Centers for Disease Control & Prevention
Office of Grant Services
2920 Brandywine Rd., MS E-15
Atlanta, GA 30341
Telephone: 770-488-1005
Email: yfa4@cdc.gov

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE